



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Edward F. Ikeguchi et al.**

Serial No.: 10/667,848

Filing Date: September 22, 2003

For: **SYSTEM AND METHOD FOR CONTINUOUS DATA
ANALYSIS OF ONGOING TRIAL**

March 16, 2004

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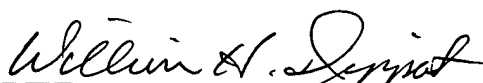
TRANSMITTAL LETTER

SIR:

Enclosed herewith are executed Declaration and Power of Attorney forms
regarding the above application.

Respectfully submitted

March 16, 2004



William H. Dippert
Registration No. 26,723

REED SMITH LLP
29th Floor
599 Lexington Avenue
New York, New York 10022-7650
Telephone: (212) 521-5400
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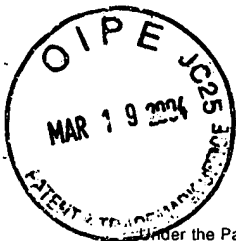
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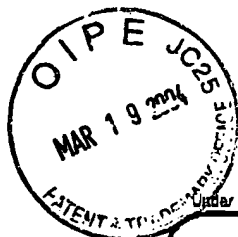
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Applicant: Edward F. Ikeguchi et al.
Serial No: 10/667,848
Filing Date: September 22, 2003
For: SYSTEM AND METHOD FOR CONTINUOUS DATA ANALYSIS OF AN ONGOING TRIAL
Enclosures: (1) Transmittal Letter (1 page); (2) Executed Declaration (3 pages);
(3) Executed POAs (3 pages); (4) Acknowledgement Postcard.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	601070.20511
		First Named Inventor	Edward F. Ikeguchi
		COMPLETE IF KNOWN	
		Application Number	/ To be Assigned
		Filing Date	
<input type="checkbox"/> Declaration Submitted with Initial Filing		OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and solo inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR CONTINUOUS ANALYSIS OF AN ONGOING CLINICAL TRIAL

(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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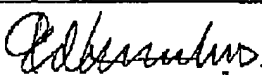
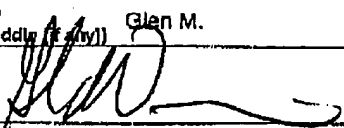
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DECLARATION — Utility or Design Patent Application

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Name William H. Dippert			
Address Reed Smith LLP			
Address 599 Lexington Avenue, 29th Floor			
City New York	State New York	ZIP 10022	
Country US	Telephone 212-521-5400	Fax 212-521-5450	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Edward F.		Family Name or Surname Ikeguchi	
Inventor's Signature 		Date 22 SEPT 2003	
Residence: City New York	State NY	Country US	Citizenship US
Mailing Address 36 Blossom Terrace			
Mailing Address			
City Larchmont	State New York	ZIP 10538	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Glen M.		Family Name or Surname deVries	
Inventor's Signature 		Date 22 SEPT 2003	
Residence: City New York	State NY	Country US	Citizenship US
Mailing Address 160 Bleecker Street			
Mailing Address Apartment 1DLW			
City New York	State New York	ZIP 10012	Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

(Page 2 of 2)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tarek A.		Sherif	
Inventor's Signature <i>Tarek Sherif</i>		Date <i>9/22/03</i>	
Residence: City	State	Country	Citizenship
New York	NY	US	US
Mailing Address 350 East 79th Street			
Mailing Address Apartment 30A			
City	State	ZIP	Country
New York	New York	10021	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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Application Number	To Be Assigned
Filing Date	
First Named Inventor	Edward F. Ikeguchi
Title	System and Method For Continuous Analysis, etc.
Group Art Unit	
Examiner Name	
Attorney Docket Number	501070.20511

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OR

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Name	Registration Number
William H. Dipert	26,723

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New York

State

New York

Zip

10022

Country

US

Telephone

212-521-5408

Fax

212-521-5450

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

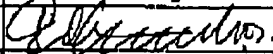
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Edward F. Ikeguchi

Signature



Date

22 SEPT 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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Name	Registration Number
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SIGNATURE of Applicant or Assignee of Record

Name

Glen M. DeVries

Signature

Date

22 SEP 2003

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Reed Smith LLP

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Telephone 212-521-5408

Fax 212-521-5450

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Tarek A. Sherif

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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